

**MULTIPLE DEPEND. CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019353
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/	/	/
3		/		/	/	/
4		/		/	/	/
5		/		/	/	/
6		/		/	/	/
7		/		/	/	/
8		/		/	/	/
9		/		/	/	/
10		/		/	/	/
11		/		/	/	/
12		/		/	/	/
13		/		/	/	/
14		/		/	/	/
15		/		/	/	/
16		/		/	/	/
17		/		/	/	/
18		/		/	/	/
19		/		/	/	/
20	/		/		/	
21		/		/	/	/
22	/		/		/	
23		/		/	/	/
24		/		/	/	/
25		/		/	/	/
26		/		/	/	/
27		/		/	/	/
28		/		/	/	/
29		/		/	/	/
30		/		/	/	/
31		/		/	/	/
32		/		/	/	/
33		/		/	/	/
34		/		/	/	/
35		/		/	/	/
36		/		/	/	/
37		/		/	/	/
38	/		/		/	
39		/		/	/	/
40	/		/		/	
41	/		/		/	
42		/		/	/	/
43		/		/	/	/
44		/		/	/	/
45		/		/	/	/
46	/		/		/	
47		/		/	/	/
48		/		/	/	/
49		/		/	/	/
50		/		/	/	/
TOTAL IND.	9					
TOTAL DEP.		100				
TOTAL CLAIMS	109					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/	/	/
52		/		/	/	/
53		/		/	/	/
54	/		/		/	
55		/		/	/	/
56		/		/	/	/
57	/		/		/	
58	/		/		/	
59		/		/	/	/
60		/		/	/	/
61		/		/	/	/
62		/		/	/	/
63		/		/	/	/
64		/		/	/	/
65		/		/	/	/
66		/		/	/	/
67		/		/	/	/
68		/		/	/	/
69		/		/	/	/
70		/		/	/	/
71		/		/	/	/
72		/		/	/	/
73		/		/	/	/
74		/		/	/	/
75		/		/	/	/
76		/		/	/	/
77		/		/	/	/
78		/		/	/	/
79		/		/	/	/
80		/		/	/	/
81		/		/	/	/
82		/		/	/	/
83		/		/	/	/
84		/		/	/	/
85		/		/	/	/
86		/		/	/	/
87		/		/	/	/
88		/		/	/	/
89		/		/	/	/
90		/		/	/	/
91		/		/	/	/
92		/		/	/	/
93		/		/	/	/
94		/		/	/	/
95		/		/	/	/
96		/		/	/	/
97		/		/	/	/
98		/		/	/	/
99		/		/	/	/
100		/		/	/	/
TOTAL IND.						
TOTAL DEP.		2				
TOTAL CLAIMS		33				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS